

PREPARED BY AND RETURN TO:
TAYLOR, JONES, ALEXANDER & SORRELL, LTD.
ATTORNEYS AT LAW, P. O. BOX 188
SOUTHAVEN, MS 38671
(662) 342-1300

STATE OF MISSISSIPPI
DE SOTO CO.

MAR 5 2 04 PM '01

BK 388 88
WARRANTY

THOMAS G. LINCOLN and wife,
BETTY LINCOLN
GRANTOR(S)

WARRANTY

TO
CHARLES K. BROWN, JR.
GRANTEE(S)

DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, THOMAS G. LINCOLN, and wife, BETTY LINCOLN do hereby sell, convey, and warrant unto CHARLES K. BROWN, JR., a single person, the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 27, in Section "A", of BUENA VISTA SUBDIVISION, situated in Section 13, Township 4, Range 8 West, as shown on Plat appearing of record in Plat Book 4, Pages 33-37 in the Chancery Clerk's Office of DeSoto County, Mississippi, to which recorded plat reference is made for a more particular description.

PARCEL NO. 4086-1301.0-00027.00

The above property is the same property conveyed to Thomas G. Lincoln, and wife, Sue M. Lincoln by Warranty Deed of record in Book 138, Page 856 in the Chancery Clerk's Office of DeSoto County, Mississippi. Sue M. Lincoln passed away on or about November 2, 1995. Betty Lincoln joins in the execution of this instrument to convey any interest she may have in the above described property as to her homestead and marital interest to Thomas G. Lincoln.

The warranty in this deed is subject to subdivision restrictions, building lines and easements, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2001 have been prorated as of this date based on the previous year and are to be paid by the Grantees.

Possession is to be given on delivery of this Warranty Deed.

WITNESS our signature(s) this the 28th day of February, 2001.

THOMAS G. LINCOLN

BETTY LINCOLN

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named THOMAS G. LINCOLN, and wife, BETTY LINCOLN who acknowledged that he signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as his free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 28th day of February, 2001.

Notary Public

My commission expires:

MY COMMISSION EXPIRES SEPT. 7, 2003

PROPERTY ADDRESS: 409 BLACK BEAR COVE, HERNANDO, MS 38632

Grantors Address:

3505 May Lane
Olive Branch, Mo. 38654
Ph# 662-349-3642

Grantees Address:

409 Black Bear Cove
Hernando, MS 38632
Res# 901-546-0806
Bus# 901-254-5704

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0388PG0089

TYPE OR PRINT
WITH BLACK INK

FILING
DATE NOV 16 1995

CERTIFICATE OF DEATH

STATE FILE
NUMBER 123-

DECEASED

1. NAME	First	Middle	Last	2 SEX	3a HOUR OF DEATH	3b DATE OF DEATH (Month, Day, Year)
Sue		Lincoln	Female	12:30 A.m	November 2, 1995	
4. RACE (Specify White, Black, American Indian, etc.)	5a AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY	5b MOS	5c DAYS	5d HOURS	5e MINS
White	62					
6 DATE OF BIRTH (Month, Day, Year)	7a COUNTY OF DEATH					
Nov. 12, 1932	DeSoto					
7b CITY OR TOWN OF DEATH	7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in city, give street address, route number or other location)	7d IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM OR DOA	8 STATE OF BIRTH			
Southaven	BMH-Desoto 17B	INPT.	Ms.			
9 DECEDENT'S EDUCATION (Specify only highest grade completed)	10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)			
Eleven High School, College (0-12) 12 (1-4) 5+	Married	Thomas G. Lincoln	No			
13 ORIGIN OR DESCENT (Specify Cuban, Afro American, Mexican, etc.)	14 SOCIAL SECURITY NUMBER	15a USUAL OCCUPATION (Kind of work done, 15b KIND OF BUSINESS OR INDUSTRY most of working life)				
American	426-54-6923	Real Estate Agt.	East Memphis Realty			
16a RESIDENCE - STATE	16b COUNTY	16c CITY OR TOWN	16d INSIDE CITY LIMITS (Specify Yes or No)	16e STREET AND NUMBER OR RURAL LOCATION		
Ms.	Desoto	Hernando	No	409 Black Bear Cove		

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

For RESIDENCE items enter actual location of home rather than mailing address

PARENTS

17. FATHER - NAME First Middle Last 18 MOTHER - NAME First Middle Maiden

Ross Octa Mallory

Erin Davis

INFORMANT

19a. INFORMANT - NAME (Type or print) 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

Thomas G. Lincoln

409 Black Bear Cove Hernando, Ms. 38632

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) 20b. CEMETERY, CREMATORY - NAME 20c. LOCATION (City and State) 21a. EMBALMER - SIGNATURE AND NUMBER

Burial Slate Springs Cemetery Slate Springs, Ms.

21b. FUNERAL HOME - NAME AND MISSISSIPPI ID. NUMBER 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

Hernando Funeral Home 17 S 315 Lusher St. Hernando, Ms. 38632

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) 22b. PRONOUNCED DEAD (Month, Day, Year) 22c. PRONOUNCED DEAD (Hour) AT

William Little, M.D. ON 11/02/95 AT 12:30 A.m

CERTIFIER

23a. CERTIFIER - NAME (Type or print) 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

Don Russell, M.D. 7601 Southcrest Parkway Southaven, MS 38671

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

This section to be completed by physician if NOT a medical examiner

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated: SIGNATURE For C. Russell MD

24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER

11/8/95 11080

24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated: SIGNATURE

24f. TITLE

24g. DATE SIGNED (Month, Day, Year)

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (Enter one cause only):

(a) *adenocarcinoma of pancreas* Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):

(b) Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):

(c) Interval between onset and death

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

26. PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

27. AUTOPSY (Yes or No) 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g. LOCATION Street or route number City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

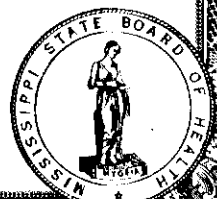
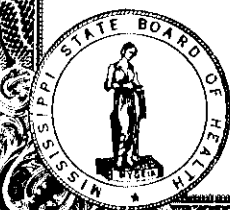
F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

NOV 16 95

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

WARNING:

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATER-MARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT. WATER-MARKED PAPER.